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9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. *2013 - 268*

13 **STEPHEN SCOTT O'REILLY**
14 **31641 Willow View Place**
Lake Elsinore, CA 92532

A C C U S A T I O N

15 **Registered Nurse License No. 540323**

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
22 Consumer Affairs.

23 2. On or about February 5, 1998, the Board of Registered Nursing issued Registered
24 Nurse License Number 540323 to Stephen Scott O'Reilly (Respondent). The Registered Nurse
25 License was in full force and effect at all times relevant to the charges brought herein and will
26 expire on May 31, 2013, unless renewed.

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4. Section 2750 of the Code provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

STATUTORY PROVISIONS

6. Section 2761 of the Code states:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

• • • •

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

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1 (b) Use any controlled substance as defined in Division 10 (commencing with
2 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous
3 device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner
4 dangerous or injurious to himself or herself, any other person, or the public or to the
5 extent that such use impairs his or her ability to conduct with safety to the public the
6 practice authorized by his or her license.

7

8 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible
9 entries in any hospital, patient, or other record pertaining to the substances described
10 in subdivision (a) of this section.

11 COSTS

12 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
13 administrative law judge to direct a licensee found to have committed a violation or violations of
14 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
15 enforcement of the case.

16 DRUGS

17 9. Fentanyl is a Schedule II controlled substance as designated by Health and Safety
18 Code Section 11055, subdivision (c)(8), and is a dangerous drug pursuant to Business and
19 Professions Code section 4022.

20 10. Hydromorphone, also known by the brand name Dilaudid, is a Schedule II controlled
21 substance as designated by Health and Safety Code Section 11055, subdivision (b)(1)(J), and is a
22 dangerous drug pursuant to Business and Professions Code section 4022.

23 11. Morphine sulfate (morphine) is a Schedule II controlled substance as designated by
24 Health and Safety Code section 11055, subdivision (b)(1)(L), and is a dangerous drug pursuant to
25 Business and Professions Code section 4022.

26 Division of Investigation Case No. 10-01573-RN

27 12. On or about November 18, 2009, the Board received a complaint from a nurse
28 manager at Riverside County Regional Medical Center (RCRMC) alleging Respondent diverted
controlled substances from the workplace. At the time of the incident, Respondent was employed
by a nurse registry and temporarily assigned to RCRMC.

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1 13. As a result of the complaint, the Division of Investigation (DOI) conducted an
2 investigation into the allegations. The RCRMC complaint alleged that a result of an audit
3 conducted by the Pharmacy Department on October 24, 2009, a report identified "Questionable
4 Narc Activity" involving Respondent. On October 23 and October 24, 2009, while assigned to a
5 night shift (19:00-07:00), Respondent removed 2 mg. of morphine from Pyxis¹ at 05:23 for a
6 patient with a physician's order for 2 mg. morphine every two hours as needed for severe pain. A
7 chart review revealed that Respondent failed to account for the administration of the morphine in
8 the Medication Administration Record (MAR). Respondent stated to the nurse manager and the
9 DOI investigator that the error was in charting, and not a result of diversion. Respondent failed to
10 account for 2 mg. of morphine.

11 **Division of Investigation Case No. 11-02974-RN**

12 14. On or about February 10, 2011, the Board received a complaint from the Human
13 Resources Director at Parkview Community Hospital Medical Center (Parkview). Respondent
14 had been employed by Parkview since May 12, 2010. The complaint alleged that Respondent had
15 been terminated on January 11, 2011 after he admitted to diverting controlled substances from the
16 workplace. At the time the complaint was filed, Parkview was still conducting an inventory to
17 determine the quantity of controlled substances diverted.

18 15. As a result of the complaint, the DOI conducted an investigation into the allegations.
19 Parkview provided a handwritten statement dated January 11, 2011, wherein Respondent stated
20 the following: "I, Stephen O'Reilly, admit to diverting Narcotics from the Pixis (*sic*) machine at
21 Parkview Community Hospital. I have been attending NA meetings to try and get better. I am an
22 addict and need help. I will continue to go to meeting (*sic*) and seek counseling. I started
23 diverting around 12-10-10."

24 ¹ "Pyxis" is a trade name for the automatic single-unit dose medication dispensing system
25 that records information such as patient name, physician orders, the date and time the medication
26 was withdrawn, and the name of the licensed individual who withdrew and administered the
27 medication. Each user/operator is given a user identification code to operate the control panel.
28 Sometimes only portions of the withdrawn medications are administered to the patient. The
portions not administered are referred to as "wastage." Wasted medications must be disposed of
in accordance with hospital rules and must be witnessed by another authorized user and recorded
in Pyxis.

1 16. On August 31, 2011, the DOI investigator met with Parkview's Pharmacy Director,
2 who provided eleven patient records and supporting documentation. The records documented the
3 following discrepancies:

4 17. Patient A: On December 21, 2010, this patient had a physician's order for a 50
5 mcg./hour fentanyl drip. At 20:09, Respondent withdrew fentanyl 1000 mcg/250 ml, and did not
6 record its administration in any hospital record, and it was not wasted. Respondent failed to
7 account for Fentanyl 1000 mcg/250 ml.

8 18. Patient B: On January 8, 2011, this patient had a physician's order for Dilaudid 0.5
9 mg. every three hours as needed for pain. The patient's MAR documented that another nurse
10 medicated the patient with Dilaudid at 20:30 and 06:30. At 20:33, Respondent withdrew 1 mg.
11 Dilaudid from Pyxis and did not document its administration in any hospital record, and it was
12 not wasted. On January 9, 2011, at 06:42, Respondent withdrew 1 mg. Dilaudid from Pyxis and
13 did not document its administration in any hospital record, and it was not wasted. Respondent
14 failed to account for Dilaudid 2 mg.

15 19. Patient C: On January 3, 2011, this patient had a physician's order for fentanyl
16 citrate 25 mcg every one hour as needed for pain. At 00:10, Respondent withdrew a 100 mcg/2
17 ml vial of fentanyl citrate from Pyxis and did not document its administration in any hospital
18 record, and it was not wasted. Respondent failed to account for Fentanyl citrate 100 mcg/2 ml.

19 20. Patient D: On November 26, 2010, this patient had a physician's order for a PCA
20 pump² with a loading dose of 4 mg. of morphine (with a PCA dose of 1 mg.). The physician
21 further ordered that if the PCA infusion was interrupted, administer 3 mg. morphine every three
22 hours as needed until the PCA was restarted. Nursing notes for the prior shift indicated that at
23 18:01, the patient was using the PCA. At 19:45, Respondent removed 4 mg. morphine from
24 Pyxis and documented in his nursing notes that although the patient was still on the PCA, he

25 _____
26 ² A PCA (Patient Controlled Analgesic) refers to an electronically controlled infusion pump that
27 delivers an amount of intravenous analgesic that is set by the patient.
28

1 medicated the patient with 3 mg. morphine for "breakthrough pain." No wastage was recorded
2 for the remaining 1 mg. morphine. At 21:50, Respondent removed 4 mg. morphine from Pyxis
3 and documented in the MAR that 3 mg. was administered at 22:15. Respondent's nursing notes
4 at 22:00 indicate "No changes noted" and failed to document the administration of morphine, or
5 the justification for increasing the dose. Respondent failed to account for a minimum of 2 mg.
6 morphine.

7 21. Patient E: On October 13, 2010, this patient had a physician's order for 1 mg.
8 morphine every four hours as needed for pain. At 19:50, Respondent withdrew 4 mg. morphine
9 from Pyxis and documented in the patient's MAR that 1 mg. was administered at 20:00. In the
10 nurse's notes, Respondent documented "medicated as needed for pain." No waste was recorded
11 for the remaining 3 mg. morphine. At 20:44, less than one hour after the prior withdrawal,
12 Respondent removed 4 mg. morphine from Pyxis and did not account for its administration in the
13 MAR or nursing notes, and it was not recorded wasted. Respondent's nursing notes at 22:00
14 document "no changes noted." At 22:50, Respondent removed 4 mg. morphine from Pyxis, and
15 recorded 3 mg. wasted. The administration of the 1 mg. morphine was documented in the MAR
16 and nursing notes at 24:00. Respondent failed to account for a minimum of 7 mg. morphine.

17 22. Patient F: On December 13, 2010, this patient's MAR documents that the physician
18 ordered Dilaudid 0.5 mg every four hours as needed for pain. At 20:45, Respondent removed 1
19 mg. Dilaudid from Pyxis. Nursing notes for this patient indicate another nurse administered
20 Dilaudid at 21:00. There was no documentation in the MAR or nursing notes, and no wastage
21 was recorded. On December 14, 2010, at 21:33, Respondent withdrew 1 mg. Dilaudid from
22 Pyxis and did not document its administration in the MAR or the nursing notes, and no wastage
23 recorded. Respondent failed to account for Dilaudid 2 mg.

24 23. Patient G: On December 29, 2010, the patient had a physician's order for a PCA
25 pump with PCA dose of 1 mg. hydromorphone (Dilaudid). The physician further ordered that if
26 the PCA infusion was interrupted, administer 3 mg. Dilaudid every three hours as needed until the
27 PCA was restarted. At 01:19, Respondent withdrew 2 mg. Dilaudid from Pyxis and did not
28 document its administration in the nursing notes or the MAR. No wastage was recorded. The

1 PCA was documented as functioning. On January 5, 2011, this patient had a physician's order for
2 1 mg. Dilaudid every 30 minutes as needed for pain. At 19:38, Respondent withdrew 1 mg.
3 Dilaudid and did not document its administration in the nursing notes or the MAR. No wastage
4 was recorded. Respondent failed to account for Dilaudid 3 mg.

5 24. Patient H: On December 30, 2010, this patient had a physician's order for Dilaudid
6 0.5 mg every six hours as needed for pain. At 20:02, Respondent removed 1 mg. Dilaudid from
7 Pyxis and did not account for its administration in the nursing notes, and no wastage was
8 recorded. At 21:26, Respondent removed 1 mg. Dilaudid from Pyxis, outside the ordered dosing
9 interval, and did not account for its administration in the MAR or the nursing notes, and no
10 wastage was recorded. Respondent failed to account for 2 mg. Dilaudid.

11 25. Patient I: On November 6, 2010, this patient had a physician's order for 1 mg.
12 morphine every three hours as needed for pain. The last dose was recorded administered by
13 another nurse at 18:00. At 20:11, Respondent withdrew 2 mg. morphine from Pyxis and recorded
14 1 mg. administered in the MAR at 2000, one hour prior to the ordered dosing interval.
15 Respondent did not document the administration in the nursing notes, and did not record any
16 wastage. At 21:36, Respondent withdrew 2 mg. morphine and did not account for its
17 administration in the MAR or the nursing notes, and no wastage was recorded. At 22:50,
18 Respondent withdrew 2 mg. morphine and recorded 1 mg. administered in the MAR at 22:30,
19 outside of the dosing interval. Respondent did not account for its administration in the nursing
20 notes, and no wastage was recorded. Respondent failed to account for a minimum of 4 mg.
21 morphine.

22 26. Patient J: On December 19, 2010, this patient had a physician's order for 2 mg.
23 Dilaudid every four hours as needed for severe pain (7-10 on the pain scale). At 19:45,
24 Respondent withdrew 2 mg. Dilaudid from Pyxis for this patient not assigned to him, and
25 recorded it administered in the MAR at 19:45. The nursing notes maintained by another nurse did
26 not reflect any medication administration. At 22:49, Respondent withdrew 2 mg. Dilaudid from
27 Pyxis for this patient not assigned to him, and recorded it administered in the MAR at 23:10. The
28 nursing notes maintained by another nurse did not reflect any medication administration. At

04:56 (December 20, 2010), Respondent withdrew 2 mg. Dilaudid from Pyxis for this patient not assigned to him, and recorded it administered in the MAR at a time that is not legible. The nursing notes maintained by another nurse did not reflect any medication administration. At 19:45, on December 22, 2010, Respondent withdrew 2 mg. Dilaudid from Pyxis for this patient not assigned to him, and recorded it administered in the MAR at 21:00. The nursing notes maintained by another nurse did not reflect any medication administration. At 2310, Respondent withdrew 2 mg. Dilaudid from Pyxis for this patient not assigned to him, and recorded it administered in the MAR at 24:00. The nursing notes maintained by another nurse did not reflect any medication administration.

27. Patient K: On January 7, 2011, this patient had a physician's order for 6 mg. morphine every two hours as needed for pain. Respondent withdrew 10 mg. morphine from Pyxis at 19:58. Respondent recorded in the MAR that the patient received 6 mg. morphine at 19:30. Respondent's nursing notes for 20:00 reflect 6 mg. morphine had been administered. Twenty-seven minutes later, at 20:25, Respondent withdrew 10 mg. morphine from Pyxis, and recorded in the MAR that it was administered at an illegible time. The 22:00 nursing notes (written by another nurse), did not document the medication administration. Respondent failed to account for a minimum of 10 mg. morphine.

28. On October 4, 2011, the DOI investigator conducted an interview with Respondent. Respondent stated to the investigator that he relapsed due to back pain and began diverting drugs at work for personal use. Respondent admitted that if he took a narcotic, it was usually accomplished by not wasting it, or he might have pulled out an extra dose.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

29. Respondent has subjected his registered nurse license to disciplinary action for unprofessional conduct under section 2761, subdivision (a) in that while employed at Riverside County Regional Medical Center and Parkview Community Hospital Medical Center, as described in paragraphs 12-28, above, Respondent repeatedly failed to properly handle controlled substances.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Illegal Possession of Controlled Substances)**

3 30. Respondent has subjected his registered nurse license to disciplinary action under
4 section 2762, subdivision (a) of the Code for unprofessional conduct in that he obtained
5 controlled substances in violation of law, as described in paragraphs 12-28, above.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Dangerous Use of Controlled Substances)**

8 31. Respondent has subjected his registered nurse license to disciplinary action under
9 section 2762, subdivision (b) of the Code for unprofessional conduct in that he admitted to the use
10 of controlled substances taken from the workplace, which was in a manner dangerous or injurious
11 to himself and to the public in that it impaired his ability to conduct with safety to the public the
12 practice authorized by his registered nurse license, as described in paragraphs 12-28, above.

13 **FOURTH CAUSE FOR DISCIPLINE**

14 **(Inaccurate Documentation in Hospital Records)**

15 32. Respondent has subjected his registered nurse license to disciplinary action under
16 section 2762, subdivision (e) of the Code for unprofessional conduct in that on multiple
17 occasions, as described in paragraphs 12-28, above, Respondent falsified, or made grossly
18 incorrect or grossly inconsistent entries in hospital, patient, and Pyxis records pertaining to
19 controlled substances prescribed to patients.

20 **DISCIPLINARY CONSIDERATIONS**

21 33. To determine the degree of discipline, if any, to be imposed on Respondent, pursuant
22 to California Code of Regulations, title 16, section 1445, subdivision (b), Complainant alleges:

23 a. On or about January 13, 1999, Respondent's nursing license in Arkansas was
24 placed on probation for diverting controlled substances from the workplace. On October 11,
25 2001, Respondent's Arkansas license was revoked after failing to comply with his probation.

26 b. On or about November 30, 1999, the Board filed an Accusation alleging
27 Respondent's license was subject to disciplinary action under section 2761, subdivision (a)(4),
28 based on the discipline imposed on Respondent's Arkansas nursing license. The matter was

1 heard by an administrative law judge on August 8, 2000. The Board declined to adopt the
2 proposed decision and issued its own decision and order, effective April 26, 2001, revoking
3 Respondent's license. The revocation was stayed, and Respondent was placed on three (3) years
4 probation on certain terms and conditions. Respondent successfully completed probation on
5 April 25, 2004.

6 **PRAYER**

7 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
8 and that following the hearing, the Board of Registered Nursing issue a decision:

- 9 1. Revoking or suspending Registered Nurse License Number 540323, issued to
10 Stephen Scott O'Reilly;
11 2. Ordering Stephen Scott O'Reilly to pay the Board of Registered Nursing the
12 reasonable costs of the investigation and enforcement of this case, pursuant to Business and
13 Professions Code section 125.3;
14 3. Taking such other and further action as deemed necessary and proper.
15
16

17 DATED: OCTOBER 11, 2012

18 *for* *Louise R. Bailey*
19 LOUISE R. BAILEY, M.ED., RN
20 Executive Officer
21 Board of Registered Nursing
22 Department of Consumer Affairs
23 State of California
24 Complainant
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SD2012703835

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

STEPHEN SCOTT O'REILLY
P.O. Box 196
Judsonia, Arkansas 72081

Registered Nurse License No. 540323

Respondent.

Case No. 2000-92

OAH No. N-2000010482

DECISION AFTER NONADOPTION

This matter came on regularly for hearing before Milford A. Maron, Administrative Law Judge with the Office of Administrative Hearings on August 8, 2000, at Los Angeles, California. The complainant was represented by Michael W. Valentine, Deputy Attorney General. The respondent, Stephen Scott O'Reilly appeared in person and was represented by Robert D. Pellinen, Esq. Oral and documentary evidence was received and the record was kept opened until September 11, 2000 for the filing of additional documentation, which was not provided. The matter stood submitted on September 11, 2000.

The matter was submitted on November 30, 2000. The Board of Registered Nursing ("Board") declined to adopt the Proposed Decision and issued its Notice of Nonadoption of Proposed Decision and request for waiver of transcript on December 11, 2000. On December 26, 2000, the Board issued its Order Fixing Date for Submission of Written Argument. The time for filing written argument in this matter having expired, the entire record, with the exception of the transcript which was waived by both parties, having been read and considered by the Board, pursuant to Government Code section 11517, the Board hereby makes the following decision and order:

Ruth Ann Terry, R.N., Complainant, made the Accusation in her official capacity as Executive Officer, Board of Registered Nursing, Department of Consumer Affairs.

On February 5, 1998, the Board of Registered Nursing issued registered nurse license number 540323 to respondent Stephen Scott O'Reilly. The license was in full force and effect at all times pertinent herein and will expire on May 31, 2001.

A. On January 13, 1999, the Arkansas State Board of Nursing, in "In the Matter of Stephen Scott O'Reilly, RN 54468," adopted the Consent Agreement and entered a final order placing respondent's license as a registered nurse on probation for two and a half (2½) years. This discipline was based on respondent's admission that he diverted Demerol¹, for his personal use, from a medical center in Arkansas. Respondent's conduct constituted grounds for discipline in Arkansas.

B. Respondent has been employed for a two year period by a nurses' registry. He is highly thought of by that registry, from whom he continues to receive assignments. He is the sole support of his family of seven.

C. Respondent, although having an addiction problem in the past, has shown strong efforts at controlling same. He has been a steady participant in Narcotics Anonymous. He has been clean and sober for many months.

* * * * *

PURSUANT to the foregoing findings of fact, the Administrative Law Judge makes the following determination of issues:

Cause for disciplinary action exists against respondent pursuant to Section 2761(a)(4) of the Business and Professions Code.

The Complainant is entitled to reimbursement of its reasonable costs of the investigation and enforcement of the case pursuant to Section 125.3 of the Business and Professions Code.

No public purpose would be furthered by denying probation to respondent under the facts found, however, due to respondent's drug diversion in the past, it is necessary

¹ "Demerol," a brand of meperidine hydrochloride, a derivative of pethidine, is a Schedule II controlled substance as designated by Health and Safety Code Section 11055(c)(17).

to add probation conditions that will allow the Board to monitor him to ensure that he does not have a relapse.

* * * * *

WHEREFORE, THE FOLLOWING ORDER is hereby made:

The registered nurse license #540323, heretofore issued to respondent Stephen Scott O'Reilly, is hereby revoked; provided, however, said revocation shall be stayed and respondent placed on probation for a period of three (3) years subject to the following conditions:

(1) **SEVERABILITY CLAUSE** - Each term and condition of probation contained herein is a separate and distinct term and condition. If any term and condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each term and condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(2) **OBEY ALL LAWS** - Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term, respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process. Respondent shall submit a recent 2" X 2" photograph of himself or herself within 45 days of the effective date of the final decision.

(3) **COMPLY WITH PROBATION PROGRAM** - Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

(4) **REPORT IN PERSON** - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

(5) **RESIDENCY OR PRACTICE OUTSIDE OF STATE** - Periods of residency or practice as a registered nurse outside of California will not apply to the reduction of this probationary term. The respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state.

(6) **SUBMIT WRITTEN REPORTS** - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the terms and conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

(7) **FUNCTION AS A REGISTERED NURSE** - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

If respondent has not complied with this condition during the probationary term, and the respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition.

(8) **EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS** - Respondent shall obtain prior approval from the Board before commencing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to his or her employer and immediate supervisor prior to commencement of any nursing or other health care related employment.

Respondent shall notify the Board in writing within seventy-two (72) hours after he or she obtains any nursing or other health care related employment, when such employment is not as a registered nurse. Respondent shall notify the Board in writing within seventy-two (72) hours after he or she is terminated from any registered nursing, other nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination.

(9) **SUPERVISION** - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing any employment as a registered nurse.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

(a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.

(b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.

(c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(10) **EMPLOYMENT LIMITATIONS** - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing; or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

Notwithstanding the above employment restrictions, respondent may continue working for Star Med Health Personnel Incorporated, 14101 Yorba Street, Suite 100, Tustin, CA., 92780.

(11) **COMPLETE A NURSING COURSE(S)** -Respondent shall comply with the appropriate requirement, as specified in the decision:

Respondent, at his or her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

(12) **VIOLATION OF PROBATION** – If a respondent violates the conditions of his/her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline, revocation of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board. Upon successful completion of probation, the respondent's license will be fully restored.

(13) **PHYSICAL EXAMINATION** - Within 45 days of the effective date of this decision, respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Probation Program and respondent by telephone and send a written report to the Probation Program. Respondent shall immediately cease practice and shall not resume practice until notified by the Probation Monitor. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required until the Probation Monitor has

notified respondent in writing that a medical determination permits respondent to resume practice.

(14) **PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE** - Respondent, at his/her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Probation Program recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12 step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

(15) **ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS** Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so and are part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

(16) **SUBMIT TO TESTS AND SAMPLES** - Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation.

(17) **MENTAL HEALTH EXAMINATION** - The respondent shall, within 45 days of the effective date of this decision, have a psychiatric examination including psychological testing as appropriate to determine his/her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist approved by the Board, who has experience treating persons with schizophrenia and chemical dependency. The examining psychiatrist will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling made as a result of the examination will be instituted and followed by the respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the psychiatrist making this determination shall immediately notify the Probation Program and respondent by telephone and in writing. Respondent shall immediately cease practice and may not resume practice until notified by the Probation Monitor. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Probation Monitor has notified respondent that a mental health determination permits respondent to resume practice.

At any time during respondent's probation period, the Board may request that he have a psychiatric examination as described above. The examining psychiatrist will submit the written report directly to the board within 30 days from the request. Respondent shall be responsible for all costs associated with the examination. The

Board is not limited in the number of times during the seven year probation period that it may request such an examination from respondent.

(18) **THERAPY OR COUNSELING PROGRAM** - Respondent, at his/her expense, shall participate in an on-going counseling program until such time as the Board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

(19) **COST RECOVERY** - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$2,000. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

The effective date of this decision is April 26th, 2001.

DATED: March 27th, 2001

Sandra K. Erickson

SANDRA ERICKSON
President, Board of Registered Nursing

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1 2. Ordering Stephen Scott Oreilly to pay to the Board its costs in investigating
2 and enforcing the case according to proof at the hearing, pursuant to Business and Professions
3 Code section 125.3.

4 3. Taking such other and further action as may be deemed proper and appropriate.

5 DATED: 11/20/99

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8 Ruth Ann Terry
9 RUTH ANN TERRY, R.N., M.P.H.
10 Executive Officer
11 Board of Registered Nursing
12 Department of Consumer Affairs
13 State of California

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17 Complainant
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